

2007 Health Plan Rates (Bi-Weekly)

Effective from 1/1/2007 (PP 1) through 12/31/2007 (PP 26)

ALL BENEFITED EMPLOYEES						
Except OE3 and IAFF						
(Health premiums are deducted the first 2 paydays of each month, and are pre-tax)						
	Kaiser Single	Kaiser Family	Blue Shield HMO Single	Blue Shield HMO Family	Blue Shield POS/PPO Single	Blue Shield POS/PPO Family
100% Benefits: Full-Time Employees Including RWW Employees who work 35 - 39.9 Hrs						
Employee Contribution	20.92	49.97	19.97	63.31	123.90	330.62
City Contribution	180.19	450.79	180.26	451.05	180.54	451.77
Total	201.11	500.76	200.23	514.36	304.44	782.39
75% Benefits: Part-Time Employees who work 30 - 39.9 Hrs & RWW Employees who work 30 - 34.9 Hrs						
Employee Contribution	65.96	162.66	65.03	176.07	169.03	443.56
City Contribution	135.15	338.10	135.20	338.29	135.41	338.83
Total	201.11	500.76	200.23	514.36	304.44	782.39
62.5% Benefits: Part-Time & RWW Employees who work 25 - 29.9 Hrs						
Employee Contribution	88.49	219.01	87.56	232.45	191.60	500.03
City Contribution	112.62	281.75	112.67	281.91	112.84	282.36
Total	201.11	500.76	200.23	514.36	304.44	782.39
50% Benefits: Part-Time & RWW Employees who work 20 - 24.99 Hrs						
Employee Contribution	111.01	275.36	110.10	288.83	214.17	556.50
City Contribution	90.10	225.40	90.13	225.53	90.27	225.89
Total	201.11	500.76	200.23	514.36	304.44	782.39

OE3 Employees*						
(Health premiums are deducted the first 2 paydays of each month, and are pre-tax)						
	Kaiser Single	Kaiser Family	Blue Shield HMO Single	Blue Shield HMO Family	Blue Shield POS/PPO Single	Blue Shield POS/PPO Family
100% Benefits: Full-Time Employees						
Employee Contribution	20.92	25.00	19.97	38.34	123.90	305.65
City Contribution	180.19	475.76	180.26	476.02	180.54	476.74
Total	201.11	500.76	200.23	514.36	304.44	782.39

IAFF Employees*						
(Health premiums are deducted the first 2 paydays of each month, and are pre-tax)						
	Kaiser Single	Kaiser Family	Blue Shield HMO Single	Blue Shield HMO Family	Blue Shield POS/PPO Single	Blue Shield POS/PPO Family
100% Benefits: Full-Time Employees						
Employee Contribution	13.45	12.50	12.50	25.84	116.43	293.15
City Contribution	187.66	488.26	187.73	488.52	188.01	489.24
Total	201.11	500.76	200.23	514.36	304.44	782.39

Health In-Lieu Plan Payments			
Payment in-lieu of coverage is available for qualified enrollees (full-time and RWW who work 35+ Hours)			
Payments are made every payday, are taxable, and are subject to withholding			
	All Benefited Employees (Except OE3 and IAFF)	OE3	IAFF
If eligible for family coverage	208.06	219.58	225.35
If NOT eligible for family coverage	83.16	83.16	86.61

* Final 2007 Employee rate contributions for OE3 and IAFF members are pending negotiation and subject to change.